



RICK SNYDER  
GOVERNOR

State of Michigan  
DEPARTMENT OF HUMAN SERVICES  
BUREAU OF CHILDREN AND ADULT LICENSING



NICK LYON  
INTERIM DIRECTOR

February 3, 2015

Bonnie Orgovan  
Peaceful Acres Assisted Living LLC  
1825 Gray Road  
West Branch, MI 48661

RE: Application #: AS650369319  
Peaceful Acres Assisted Living  
1825 Gray Road  
West Branch, MI 48661

Dear Ms. Orgovan:

Attached is the Original Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license with a maximum capacity of 6 is issued.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (517) 284-9720.

Sincerely,

Kathleen Gutierrez, Licensing Consultant  
Bureau of Children and Adult Licensing  
711 W Chisholm  
Alpena, MI 49707  
(989) 464-8723

enclosure

**MICHIGAN DEPARTMENT OF HUMAN SERVICES  
BUREAU OF CHILDREN AND ADULT LICENSING  
LICENSING STUDY REPORT**

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS650369319
<b>Applicant Name:</b>	Peaceful Acres Assisted Living LLC
<b>Applicant Address:</b>	1825 Gray Road West Branch, MI 48661
<b>Applicant Telephone #:</b>	989-733-8647
<b>Administrator/Licensee Designee:</b>	Bonnie Orgovan
<b>Name of Facility:</b>	Peaceful Acres Assisted Living
<b>Facility Address:</b>	1825 Gray Road West Branch, MI 48661
<b>Facility Telephone #:</b>	(989) 345-4663
<b>Application Date:</b>	11/18/2014
<b>Capacity:</b>	6
<b>Program Type:</b>	AGED

## **II. METHODOLOGY**

11/18/2014	Enrollment
11/24/2014	Inspection Report Requested - Health 1023679.
11/24/2014	Application Complete/On-site Needed
11/24/2014	File Transferred To Field Office Alpena.
11/24/2014	Contact - Document Sent Act&Rules.
12/08/2014	Inspection Completed-Env. Health : A
12/08/2014	Application Incomplete Letter Sent
12/17/2014	Application Incomplete Letter Sent
01/30/2015	Inspection Completed On-site
01/30/2015	Inspection Completed-BCAL Full Compliance

## **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

### **A. Physical Description of Facility**

The facility is a two story, vinyl sided, frame home built over a crawl space. The home is located in a rural setting approximately 1 mile west of West Branch, MI. The home has four egress doors with one egress door located in bedroom #3. This egress door is for the use of the occupant/resident of the room and is not to be used routinely by other residents, staff or visitors to enter or leave the facility. The front entrance enters onto the large living area that extends from the front to the back of the home. To the left is an activity room then a kitchen with a half wall so staff can observe residents in the living room while they are in the kitchen. The dining area is off the living room at the back of the home. The facility has 6 bedrooms, four bathrooms and a beauty shop, medication room and laundry area located on the first floor. The second story has a large office. The home has two wheelchair ramps off the front porch and back deck. The home has a private water source and public sewer system.

The new gas furnace is located in the crawl space of the facility. The electric water heater is located on the first floor of the home.

The facility is equipped with battery-powered, single-station smoke detectors which have been installed near sleeping areas, on each occupied floor of the home and near all flame- or heat-producing equipment.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	11.58' X 13.58'	157	1
2	13.5' X 11.17'	151	1
3	11' X 16	176	1
4	10' X 10.75'	107	1
5	11.5 X 10.5	121	1
6	11.5 X 10.5	121	1

The indoor living and dining areas, including activity room, measure a total of 841 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate six (6) residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

## **B. Program Description**

The applicant intends to provide 24-hour supervision, protection and personal care to six (6) male and/or female residents who are aged. The program will include social interaction. The applicant intends to accept private sources for payment.

If needed by residents, behavior interventions and specialized interventions will be identified in the assessment plans. These interventions shall be implemented only by staff trained in the intervention techniques.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities including local volunteers that will provide music and other activities, a local therapy dog will visit monthly, residents are encouraged to engage in activities such as Domino's, playing card games, movie night, attending local festivals and parades, etc. A local beautician will be available several times a month. These resources provide an environment to enhance the quality of life of residents.

## **C. Applicant and Administrator Qualifications**

The applicant is Peaceful Acres Assisted Living, L.L.C., a "Domestic Limited Liability Company", established in Michigan on 7/22/2014. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The members of Peaceful Acres Assisted Living, L.L.C. have submitted documentation appointing Jane Bonnie Orgovan as licensee designee for this facility and administrator of the facility.

A criminal history background check of the licensee designee/administrator was completed and she was determined to be of good moral character to provide licensed adult foster care. The applicant designee/administrator submitted a statement from a physician documenting her good health and current negative tuberculosis test results.

The applicant designee and administrator have provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Bonnie Orgovan's experience with the program population includes over 30 years working as an RN at various hospitals and nursing homes around Michigan, including one year as a Director of Nursing, one year for the Senior Integrated Living Program, and seven years for a home care program.

The staffing pattern for the original license of this six (6) bed facility is adequate and includes a minimum of one staff for six (6) residents per shift. The applicant acknowledged that the staff to resident ratio may need to be decreased in order to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledged an understanding of the qualifications, suitability, and training requirements for direct care staff prior to each person working in the facility in that capacity or being considered as part of the staff to resident ratio.

The applicant acknowledged an understanding of the responsibility to assess the good moral character of employees. The applicant acknowledge the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing "direct access" to residents or resident information or both utilizing the Michigan Long Term Care Partnership website ([www.miltcpartnership.org](http://www.miltcpartnership.org)) and the related documents required to demonstrate compliance.

The applicant acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by the licensee designee will administer medication to residents. In addition, the applicant has indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

The applicant acknowledged the responsibility to obtain all required good moral character, medical, and training documentation and signatures that are to be completed prior to each direct care staff or volunteer working directly with residents. In addition, the applicant acknowledged the responsibility to maintain all required documentation in

each employee's record for each licensee or licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee's record.

The applicant acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

The applicant acknowledge the responsibility to obtain the required written assessment, written assessment plan, resident care agreement, and health care appraisal forms and signatures that are to be completed prior to, or at the time of, each resident's admission to the home as well as updating and completing those forms and obtaining new signatures for each resident on an annual basis.

The applicant acknowledged the responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all of the documents that are required to be maintained within each resident's file.

The applicant acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledged that a separate *Resident Funds Part II BCAL-2319* form will be created for each resident in order to document the date and amount of the adult foster care service fee paid each month and all of the resident's personal money transactions that have been agreed to be managed by the applicant.

The applicant acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights. The applicant indicated the intent to respect and safeguard these resident rights.

The applicant acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

The applicant acknowledged the responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

The applicant acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

#### **D. Rule/Statutory Violations**

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

**I. RECOMMENDATION**

I recommend issuance of a six-month temporary license to this adult foster care family home with a capacity of six (6).



02/03/2015

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Kathleen Gutierrez  
Licensing Consultant

Date

Approved By:



2/3/15

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Betsy Montgomery  
Area Manager

Date